

FEE TRANSMITTAL for FY 2004 <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">U.S. PATENT & TRADEMARK OFFICE</div> <div style="text-align: center;">OCT 08 2004</div> </div> <p style="font-size: small; margin-top: 5px;">Patent fees are subject to annual revision.</p>		Complete if Known													
TOTAL AMOUNT OF PAYMENT (\$) 450.00		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/228,101</td> </tr> <tr> <td>Filing Date</td> <td>January 11, 1999</td> </tr> <tr> <td>Inventor(s)</td> <td>Volkmar SCHROTH</td> </tr> <tr> <td>Examiner Name</td> <td>Kevin C. Harper</td> </tr> <tr> <td>Group Art Unit</td> <td>2666</td> </tr> <tr> <td>Attorney Docket No.</td> <td>29250-000777/US</td> </tr> </table>		Application Number	09/228,101	Filing Date	January 11, 1999	Inventor(s)	Volkmar SCHROTH	Examiner Name	Kevin C. Harper	Group Art Unit	2666	Attorney Docket No.	29250-000777/US
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<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Deposit Account Number: 08-0750 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Deposit Account Name: Harness, Dickey & Pierce, P.L.C. </div> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>790</td> <td>2001</td> <td>395</td> <td>Utility filing fee</td> <td>790.00</td> </tr> <tr> <td>1002</td> <td>350</td> <td>2002</td> <td>175</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>550</td> <td>2003</td> <td>275</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>790</td> <td>2004</td> <td>395</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td></td> <td>-20 **</td> <td>=</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td></td> <td>-3 **</td> <td>=</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>44</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>88</td> <td>2204</td> <td>44</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1001	790	2001	395	Utility filing fee	790.00	1002	350	2002	175	Design filing fee		1003	550	2003	275	Plant filing fee		1004	790	2004	395	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$)	Total Claims		-20 **	=		X		=		Independent Claims		-3 **	=		X		=		Multiple Dependent					X		=		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	88	2201	44	Independent claims in excess of 3		1203	300	2203	150	Multiple dependent claim, if not paid		1204	88	2204	44	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)	<p>3. 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Submitted BY				Complete (if applicable)	
Name (Print/Type)	John E. Curtin	Registration No. Attorney/Agent	37,602	Telephone	703-668-8000
Signature				Date	October 8, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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